

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003338

FILED
Jul 07, 2005
Secretary of State

Entity Name: TRUE PERFORMANCE, LLC

Current Principal Place of Business:

5355 MCINTOSH ROAD, SUITE A
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5355 MCINTOSH ROAD, SUITE A
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 14-1901549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOACH, KRAIG H ESQ.
KIMBROUGH & KOACH, LLP
1530 CROSS STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WYKOFF, CHRISTOPHER R
Address: 5105 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: GRAVES, DAVID T
Address: 5355 MCINTOSH ROAD, SUITE A
City-St-Zip: SARASOTA, FL 34233

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HESTER, GARY
Address: 5355 MCINTOSH ROAD, SUITE A
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HESTER, JULIE
Address: 5355 MCINTOSH ROAD, SUITE A
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID T GRAVES

MGRM

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date